

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
11-001

2. STATE
Guam

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~January 1, 2011~~
April

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Title XIX of the Social Security Act, Section 1902

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$0
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 31 to 33 of 43 Attachment 3.1-A PT, OT & Audiology

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Page 1-5 Attachment 4.19 B - Reimbursement for
PT & OT

Pages 31-33 of Attachment 3.1-A
Pages 1-5 Attachment 4.19 B

10. SUBJECT OF AMENDMENT:

~~Reimbursements~~ Physical Therapy, Occupational Therapy & Audiology

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Eddie Baza Calvo

14. TITLE:

Governor of Guam

15. DATE SUBMITTED:

5/13/2011

16. RETURN TO:

Department of Public Health & Social Services
Bureau of Health Care Financing Administration
123 Chalan Kareta
Mangilao, GU 96913-6304

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

5/13/2011

18. DATE APPROVED:

AUG 08 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

Gloria Nagle

21. TYPED NAME: Gloria Nagle Ph.d., MPA

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and Ink Changes: Boxes 4, 9 & 10 and box 8